

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 South Bronough Street

☐Check if different
than previously
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of

FL

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alma Gonzalez

Signature of Treasurer

Electronically Filed by Alma Gonzalez

Date

1 2

1 0

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. None of the expenditures listed on Line 30b were expressed advocacy. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 125

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 1 0

To:

M M
1 0D D
1 3Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		726822.32
(b) Cash on Hand at Beginning of Reporting Period	1962377.07	
(c) Total Receipts (from Line 19)	361974.40	4735216.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2324351.47	5462038.62
7. Total Disbursements (from Line 31)	386638.89	3524326.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1937712.58	1937712.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	18541.50	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	183600.00	1290621.35
(ii) Unitemized	2723.00	63477.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	186323.00	1354098.64
(b) Political Party Committees	166579.30	1258777.57
(c) Other Political Committees (such as PACs)	8978.82	142280.82
(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	361881.12	2755157.03
12. Transfers From Affiliated/Other Party Committees	0.00	1068049.31
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	93.28	40041.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	878.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	870199.81
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	870199.81
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	361974.40	4735216.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	361974.40	3865016.49

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	6042.59	227360.20	
(ii) Non-Federal Share.....	22731.72	948007.14	
(b) Other Federal Operating Expenditures.....	330642.33	1846168.78	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	359416.64	3021536.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	6700.00	107578.83	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2650.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2650.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	20522.25	392561.09	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	20522.25	392561.09	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	386638.89	3524326.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	363907.17	2576318.90	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	361881.12	2755157.03
34. Total Contribution Refunds (from Line 28(d))	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	361881.12	2752507.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	336684.92	2073528.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	93.28	40041.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	336591.64	2033487.81

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Cesar Alvarez

Mailing Address 700 S Alhambra Cir

City

Coral Gables

State

FL

Zip Code

33146-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenberg & Trauriq

Occupation

Attorney/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920511

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ATU-COPE

Mailing Address 5025 Wisconsin Ave NW

City

Washington

State

DC

Zip Code

20016-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4804635

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Richard Boylan

Mailing Address 250 Isle Drive

City

St Pete Beach

State

FL

Zip Code

33706

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4814093

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

10025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Anthony Brunson

Mailing Address One SE Third Ave, Ste 2100

City State Zip Code
 Miami FL 33131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpton, Brunson & Compa-
ny, P.A.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923075

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Christian Carrington

Mailing Address 44 Orchard Farm Rd

City State Zip Code
 Port Washington NY 11050-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Navigant Company

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920527

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Yolanda Cash-Jackson

Mailing Address 1411 NW 50th St

City State Zip Code
 Miami FL 33142-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Becker & Poliakoff's Mana-
gement

Occupation
Law Firm/Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952889

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Trudy Cejas

Mailing Address PO Box 191679

City

Miami Beach

State

FL

Zip Code

33119-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4924053

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Cigna

Mailing Address P.O. Box 2010

City

Concord

State

NH

Zip Code

03302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4818882

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Gregory Collier

Mailing Address 10297 Osprey Trce

City

West Palm Beach

State

FL

Zip Code

33412-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952755

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

15450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Janice Davis

Mailing Address 3462 River Oaks Ln

City

Pensacola

State

FL

Zip Code

32514-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Planning Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952877

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marian De La Fuente

Mailing Address 5202 NW 112th PI

City

Doral

State

FL

Zip Code

33178-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920496

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Democratic Party of New Mexico

Mailing Address 1301 San Pedro Blvd.

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4962880

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)

105500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Stephen J. Demontmollin

Mailing Address 7313 NW 47th Ct

City

Gainesville

State

FL

Zip Code

32606-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avmed

Occupation

Healthcare Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4818252

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Raysa Fanjul

Mailing Address 359 N Lake Way

City

Palm Beach

State

FL

Zip Code

33480-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818249

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Florida CUPAC - Corporate Account

Mailing Address PO Box 3108

City

Tallahassee

State

FL

Zip Code

32315-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814594

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Amy France

Mailing Address 849 14th St
Apt 4

City State Zip Code
Santa Monica CA 90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C5655311

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Brian France

Mailing Address 849 14th St
Apt 4

City State Zip Code
Santa Monica CA 90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brian France

Occupation
Nascar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952895

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

I.B.E.W. Educational Committee

Mailing Address 900 7th St NW

City State Zip Code
Washington DC 20001-3886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923069

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hal H. Kantor

Mailing Address 1875 Lakemont Ave. Apt. 208

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowndes, Drosdick, Doster,
Kantor & Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Attorney

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4979243

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Susan Nernberg

Mailing Address 1340 Bennington Ave

City

Pittsburgh

State

PA

Zip Code

15217-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Retired

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920523

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
ices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Senior Executive

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952753

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
ices

Occupation

Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4954377

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Jorge Quintero

Mailing Address 508 NW 28Th Ct

City

Fort Lauderdale

State

FL

Zip Code

33311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aquillex, Inc

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4979230

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randall Rentfro

Mailing Address 3056 S. Oakland Forest Dr.
Unit 2305

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nova Southeastern Univers-
ity

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4979240

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Janice Robinson Robinson

Mailing Address 218 Tangier Ave

City

Palm Beach

State

FL

Zip Code

33480-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Janice Robinson Trust

Occupation

Trust Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

The Geo Group Inc. Political Action Committee

Mailing Address 621 NW 53rd St
Ste 700

City

Boca Raton

State

FL

Zip Code

33487-8242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818247

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Crystal T. Whitescarver

Mailing Address 17001 Madres De Avila

City

Tampa

State

FL

Zip Code

33613-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 125

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Lilas C. Wild

Mailing Address 405 Pine Ave

City

Altamonte Springs

State

FL

Zip Code

32701-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Transaction ID: C4814086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

183600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 125

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814531

Amount of Each Receipt this Period

40000.00

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814533

Amount of Each Receipt this Period

50000.00

C.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4958358

Amount of Each Receipt this Period

10714.61

* In-Kind: Telephone Calls

SUBTOTAL of Receipts This Page (optional)

100714.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 125

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4924224

Amount of Each Receipt this Period

60.55

* In-Kind: Web Media

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4924590

Amount of Each Receipt this Period

57511.00

C.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
553036.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4924089

Amount of Each Receipt this Period

4924.00

SUBTOTAL of Receipts This Page (optional)

62495.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 125

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553036.62

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4958364

Amount of Each Receipt this Period

3220.00

* In-Kind: Voter File Access

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553036.62

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4958394

Amount of Each Receipt this Period

149.14

* In-Kind: Utilities

SUBTOTAL of Receipts This Page (optional)

3369.14

TOTAL This Period (last page this line number only)

166579.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 125

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

--

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C5014499

Amount of Each Receipt this Period

409.00

* In-Kind: Travel

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

--

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C5038146

Amount of Each Receipt this Period

981.73

* In-Kind: Travel

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

--

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4924222

Amount of Each Receipt this Period

193.09

* In-Kind: Travel Expense

SUBTOTAL of Receipts This Page (optional)

1583.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 125

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

BGR PAC

Mailing Address 601 13th St NW

City

Washington

State

DC

Zip Code

20005-3807

FEC ID number of contributing
federal political committee.

C

c00359588

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4921126

Amount of Each Receipt this Period

395.00

* In-Kind: Food & Beverage

B.

Full Name (Last, First, Middle Initial)

Don Payne for Congress

Mailing Address P.O. Box 2406

P.O. Box 2406

City

Newark

State

NJ

Zip Code

07114

FEC ID number of contributing
federal political committee.

C

C00225045

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920509

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th Street NW Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00409730

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920500

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4395.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 125

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th Street NW Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920502

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th Street NW Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920504

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

8978.82

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

241 Car Services, Inc.

Mailing Address 5012 W. Cypress St.

City
Tampa

State
FL

Zip Code
33607

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329162

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

180.00

B.

Full Name (Last, First, Middle Initial)

Harold Acosta

Mailing Address 2427 Branch Way
Apt 103

City
Maitland

State
FL

Zip Code
32751-5988

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333826

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Jose V Acosta

Mailing Address 2427 Branch Way
Apt 103

City
Maitland

State
FL

Zip Code
32751-5988

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333825

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

American Express Merchant Services

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D334048

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

420.88

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D341276

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

409.00

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D342920

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

981.73

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

1811.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331185

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

193.09

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)

Scott Arceneaux

Mailing Address 1544 Lorimier Road

City
Jacksonville

State
FL

Zip Code
32207

Purpose of Disbursement
Travel/Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329847

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Avis Rent A Car - Corporate

Mailing Address 6 Sylvan Way

City
Parsippany

State
NJ

Zip Code
07054

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329914

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

110.65

SUBTOTAL of Disbursements This Page (optional)

423.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Alan Awad

Mailing Address 13612 Avalon Heights Blvd., Apt 20

City Tampa State FL Zip Code 33613

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343579

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Rishi Bagga

Mailing Address 3619 Deveraux Ct

City Orlando State FL Zip Code 32837

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343609

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Rishi Bagga

Mailing Address 3619 Deveraux Ct

City Orlando State FL Zip Code 32837

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333013

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Steven Balog	Transaction ID: D332980 Date of Disbursement
Mailing Address 13413 Thomasville Circle	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Tampa State FL Zip Code 33617	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>100.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D332988 Date of Disbursement
Mailing Address 815 McBean Ct	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City McDonough State GA Zip Code 30252	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>125.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D343590 Date of Disbursement
Mailing Address 815 McBean Ct	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City McDonough State GA Zip Code 30252	Amount of Each Disbursement this Period
Purpose of Disbursement auto travel Candidate Name	<div>125.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Maria Berrios	Transaction ID: D334006 Date of Disbursement
Mailing Address 7000 Harbor Heights Dr.	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32835	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>80.00</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BGR PAC	Transaction ID: D329868 Date of Disbursement
Mailing Address 601 13th St NW	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City Washington State DC Zip Code 20005-3807	Amount of Each Disbursement this Period
Purpose of Disbursement Food & Beverage	<div>395.00</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D329171 Date of Disbursement
Mailing Address P.O. Box 2210	<div> <div>10</div> <div>04</div> <div>2010</div> </div>
City Jacksonville State FL Zip Code 32232-5005	Amount of Each Disbursement this Period
Purpose of Disbursement Benefits	<div>10450.16</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10925.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida

Mailing Address P.O. Box 2210

City Jacksonville State FL Zip Code 32232-5005

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329164

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

9086.24

B. Full Name (Last, First, Middle Initial)
Christopher Bolling

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333007

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C. Full Name (Last, First, Middle Initial)
Christopher Bolling

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343603

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

9236.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D343593 Date of Disbursement																				
Mailing Address 12 Bellevue Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Dobbs Ferry State NY Zip Code 10522	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D332993 Date of Disbursement																				
Mailing Address 12 Bellevue Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Dobbs Ferry State NY Zip Code 10522	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Brighthouse Networks	Transaction ID: D329165 Date of Disbursement																				
Mailing Address P.O. Box 31337 10305 NW 41st St., Ste 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tampa State FL Zip Code 33631	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Internet	<table border="1"> <tr> <td colspan="10">281.74</td> </tr> </table>	281.74																			
281.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

531.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Brilliant Corners

Mailing Address 1001 G St NW
Ste 500E

City Washington State DC Zip Code 20001-4541

Purpose of Disbursement
Consulting/Political

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331088

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

Wilma Brown

Mailing Address 3817 Bennett Road

City Screven State GA Zip Code 31560

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332986

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Wilma Brown

Mailing Address 3817 Bennett Road

City Screven State GA Zip Code 31560

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343588

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

6200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Austin Bryand	Transaction ID: D333995 Date of Disbursement
Mailing Address 324 Tennessee Ave	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Saint Cloud State FL Zip Code 34769	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>120.00</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bureau of Child Support	Transaction ID: D331089 Date of Disbursement
Mailing Address P.O. Box 247	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Charleston State WV Zip Code 25321	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Expense	<div>278.45</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Cindy Castillo	Transaction ID: D333823 Date of Disbursement
Mailing Address 2925 Elgig Dr	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Saint Cloud State FL Zip Code 34772	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>40.00</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

438.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Celltronix</p> <p>Mailing Address 1718 South Orange Blossom Trail</p> <p>City Apopka State FL Zip Code 32703</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329923</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Checkmate Consulting</p> <p>Mailing Address 3509 Connecticut Ave. NW #1075</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329169</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52288.98"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cigna</p> <p>Mailing Address P.O. Box 2010</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D331194</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

57493.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rugh Cline

Mailing Address 7720 Abbott Ave, Apt 11

City State Zip Code
Miami Beach FL 33141

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332795

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rugh Cline

Mailing Address 7720 Abbott Ave, Apt 11

City State Zip Code
Miami Beach FL 33141

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333009

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Rugh Cline

Mailing Address 7720 Abbott Ave, Apt 11

City State Zip Code
Miami Beach FL 33141

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343605

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D343585 Date of Disbursement																				
Mailing Address 5055 Wellington Park Circle, #C18	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Orlando State FL Zip Code 32839	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D332983 Date of Disbursement																				
Mailing Address 5055 Wellington Park Circle, #C18	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Orlando State FL Zip Code 32839	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D331186 Date of Disbursement																				
Mailing Address 430 S Capitol St SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web Media Candidate Name	<table border="1"> <tr> <td colspan="10">60.55</td> </tr> </table>	60.55																			
60.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

210.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Telephone Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333015

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

10714.61

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Voter File Access

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333016

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

3220.00

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333028

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

149.14

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

14083.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Nicholas Denmon

Mailing Address 8300 41st Ave N

City
Saint Petersburg

State
FL

Zip Code
33709

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332989

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Nick Denmon

Mailing Address 5075 Starfish Dr SE

City
Saint Petersburg

State
FL

Zip Code
33705-6364

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343591

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Diplomat Properties, L.P.

Mailing Address 1995 E Hallandale Beach Blvd
FI 2

City
Hallandale Beach

State
FL

Zip Code
33009-4649

Purpose of Disbursement
Site Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329057

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

22911.94

SUBTOTAL of Disbursements This Page (optional)

23161.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333669

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

34.87

B.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333670

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1576.21

C.

Full Name (Last, First, Middle Initial)

Everest National Insurance Company

Mailing Address P.O. Box 917807

City Orlando State FL Zip Code 32891-7807

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D328835

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

516.25

SUBTOTAL of Disbursements This Page (optional)

2127.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Everest National Insurance Company

Mailing Address P.O. Box 917807

City Orlando State FL Zip Code 32891-7807

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D328837

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

361.54

B. Full Name (Last, First, Middle Initial)
David Fifer

Mailing Address 2790 Old St Augustine Rd, Apt P166

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332998

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C. Full Name (Last, First, Middle Initial)
David Fifer

Mailing Address 2790 Old St Augustine Rd, Apt P166

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343596

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

511.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Florida Department of Revenue

Mailing Address 5050 West Tennessee Street

City Tallahassee State FL Zip Code 32399-0135

Purpose of Disbursement
Sales Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329924

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

26.25

B.

Full Name (Last, First, Middle Initial)
Ingrid Fluellen

Mailing Address 8291 Dames Point Crossing Point Bl
Apt 5107

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343613

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)
Ingrid Fluellen

Mailing Address 8291 Dames Point Crossing Point Bl
Apt 5107

City Jacksonville State FL Zip Code 32277

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333035

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

176.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Fausto Galindo

Mailing Address 1055 Gore Dr

City
Mount Dora

State
FL

Zip Code
32756

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333999

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Marcus Garza

Mailing Address 10505 Lake Willians

City
Odessa

State
FL

Zip Code
33556

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332977

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Greenfield

Mailing Address 5047 17th St

City
Zephyrhills

State
FL

Zip Code
33542-2147

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333012

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Jennifer Greenfield	Transaction ID: D343608 Date of Disbursement
Mailing Address 5047 17th St	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Zephyrhills State FL Zip Code 33542-2147	Amount of Each Disbursement this Period
Purpose of Disbursement auto travel	<div>75.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D343586 Date of Disbursement
Mailing Address 8670 Wesleyan Dr. #307	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Fort Myers State FL Zip Code 33919	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>100.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D332984 Date of Disbursement
Mailing Address 8670 Wesleyan Dr. #307	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Fort Myers State FL Zip Code 33919	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>100.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Carla Hazard	Transaction ID: D333837 Date of Disbursement																				
Mailing Address 1237 Marsh Creek Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32828-6132	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sergio Hazard	Transaction ID: D333836 Date of Disbursement																				
Mailing Address 1237 Warsh Creek Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32823	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mario Henderson	Transaction ID: D332999 Date of Disbursement																				
Mailing Address 1348 Imperial Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Daytona Beach State FL Zip Code 32117	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mario Henderson

Mailing Address 1348 Imperial Drive

City State Zip Code
Daytona Beach FL 32117

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343597

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Hilton Hotels Corporate

Mailing Address 9336 Civic Center Drive

City State Zip Code
Beverly Hills CA 90210

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334324

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

288.46

C.

Full Name (Last, First, Middle Initial)

Image Plus Graphics, Inc.

Mailing Address 1440 NE 31st Street

City State Zip Code
North Miami Beach FL 33160

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D326035

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

657.30

SUBTOTAL of Disbursements This Page (optional)

1020.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D328907 Date of Disbursement																				
Mailing Address 1440 NE 31st Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail	<table border="1"> <tr> <td colspan="10">13584.56</td> </tr> </table>	13584.56																			
13584.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Intuit Software	Transaction ID: D333954 Date of Disbursement																				
Mailing Address 2632 Marine Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Mountain View State CA Zip Code 94043-1126	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Office Supplies	<table border="1"> <tr> <td colspan="10">56.95</td> </tr> </table>	56.95																			
56.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Erin Jensen	Transaction ID: D343578 Date of Disbursement																				
Mailing Address 517 Belle Isle Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Belleair Beach State FL Zip Code 33786	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13716.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Erin Jensen	Transaction ID: D332976																				
	Mailing Address 517 Belle Isle Avenue	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	8	/	2	0	1	0													
	City Belleair Beach State FL Zip Code 33786	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Auto Travel Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 200px; height: 20px; text-align: center; margin-top: -20px;">75.00</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B.	Full Name (Last, First, Middle Initial) Juan Jimenez	Transaction ID: D333832																				
	Mailing Address 7511 Cielo Ct	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	0	/	2	0	1	0													
	City Orlando State FL Zip Code 32822-7912	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Per Diem Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 200px; height: 20px; text-align: center; margin-top: -20px;">120.00</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C.	Full Name (Last, First, Middle Initial) Luis Jimenez	Transaction ID: D334005																				
	Mailing Address 7511 Cielo Court	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	0	/	2	0	1	0													
	City Orlando State FL Zip Code 32822	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Per Diem Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 200px; height: 20px; text-align: center; margin-top: -20px;">120.00</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Orlando Jimenez

Mailing Address 7511 Cielo Ct

City
Orlando

State
FL

Zip Code
32822-7912

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333828

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Kester Brothers Reality

Mailing Address 615 E. Atlantic Blvd

City
Pompano Beach

State
FL

Zip Code
33060

Purpose of Disbursement
Admin Lease/Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329170

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Brett Leffen, Jr

Mailing Address 1848 Bonnie Drive

City
Saint Cloud

State
FL

Zip Code
34771

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333996

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Kevin Liao	Transaction ID: D333034 Date of Disbursement																				
Mailing Address 1304 Park Road NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kevin Liao	Transaction ID: D343612 Date of Disbursement																				
Mailing Address 1304 Park Road NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Naomi Long	Transaction ID: D343614 Date of Disbursement																				
Mailing Address 548 Foxhall Place,SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Washington State DC Zip Code 20032	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Naomi Long

Mailing Address 548 Foxhall Place, SE

City
Washington

State
DC

Zip Code
20032

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333037

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Vanessa Manechetti

Mailing Address 320 Tennessee Ave

City
Saint Cloud

State
FL

Zip Code
34769-2674

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333821

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

William McKenzie

Mailing Address 214 S Bronough St

City
Tallahassee

State
FL

Zip Code
32301-1705

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D344464

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Rosa Medina

Mailing Address 7000 Harbor Heights Dr

City
Orlando

State
FL

Zip Code
32835-1863

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333835

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Nicholas Michalik

Mailing Address 9452 Laura Ann Drive

City
Seminole

State
FL

Zip Code
33776

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333005

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Maria Miranda

Mailing Address 576 Royal Palm Dr.

City
Kissimmee

State
FL

Zip Code
34743

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D334007

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D328849

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

75000.00

B.

Full Name (Last, First, Middle Initial)

Anthony Nagatani

Mailing Address 1300 Elizabeth Ave #15

City Las Vegas State NV Zip Code 89119

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333008

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Anthony Nagatani

Mailing Address 1300 Elizabeth Ave #15

City Las Vegas State NV Zip Code 89119

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343604

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

75150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Reuben Neff	Transaction ID: D343607 Date of Disbursement																				
Mailing Address 2218 East 9th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tampa State FL Zip Code 33605	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto travel Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Rueben Neff	Transaction ID: D333011 Date of Disbursement																				
Mailing Address 2218 East 9th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tampa State FL Zip Code 33605	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nesbitt Research	Transaction ID: D329161 Date of Disbursement																				
Mailing Address 2120 L St NW Ste 305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Washington State DC Zip Code 20037-1563	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting/Research Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

New Partners Consulting, Inc.

Mailing Address 401 9th St NW
Ste 725

City Washington State DC Zip Code 20004-2176

Purpose of Disbursement
Consulting/Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329160

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

20383.19

B.

Full Name (Last, First, Middle Initial)

Kerry Nicholson

Mailing Address 3252 Sawgrass Creek Circle

City Saint Cloud State FL Zip Code 34772

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333006

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kerry Nicholson

Mailing Address 3252 Sawgrass Creek Circle

City Saint Cloud State FL Zip Code 34772

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343602

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

20633.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329921</p> <p>Date of Disbursement 10 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 655.93</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office of the US Trade Representative</p> <p>Mailing Address 250 Murray Lane SW</p> <p>City Washington State DC Zip Code 20509</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329166</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 224.85</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Anthony Parets</p> <p>Mailing Address 3607 Eagle Nest Court</p> <p>City Melbourne State FL Zip Code 32904</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D332982</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

955.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mikeal Parlow

Mailing Address 615 Mt Olympus Blvd.

City State Zip Code
New Smyrna Beach FL 32168

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331827

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Payroll Matters

Mailing Address 2069 North Monroe Street

City State Zip Code
Tallahassee FL 32303

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334037

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

460.58

C.

Full Name (Last, First, Middle Initial)

Payroll Matters

Mailing Address 2069 North Monroe Street

City State Zip Code
Tallahassee FL 32303

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334038

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

7.25

SUBTOTAL of Disbursements This Page (optional)

517.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Paul Pedron	Transaction ID: D333827 Date of Disbursement
Mailing Address 11602 Sarita Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32817-3513	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>120.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ernesto Perez	Transaction ID: D333829 Date of Disbursement
Mailing Address 7713 Brookway St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32817-1576	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>40.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Luz Perez	Transaction ID: D333813 Date of Disbursement
Mailing Address 2619 Judge Loop	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Kissimmee State FL Zip Code 34743-6079	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>80.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Melida Perez

Mailing Address 939 Little Creack Rd

City Orlando State FL Zip Code 32825

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334008

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Wilson Perez

Mailing Address 939 Little Creack Rd

City Orlando State FL Zip Code 32825

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334010

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Elena Petrescu

Mailing Address 13196 Brechner Street

City Spring Hill State FL Zip Code 34609

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333004

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Elena Petrescu

Mailing Address 13196 Brechner Street

City
Spring Hill

State
FL

Zip Code
34609

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343600

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Joseph J Pierce

Mailing Address 2656 S. Scenic Hwy

City
Lake Wales

State
FL

Zip Code
33898

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343581

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Joseph J Pierce

Mailing Address 2656 S. Scenic Hwy

City
Lake Wales

State
FL

Zip Code
33898

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332979

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Joseph J Pierce	Transaction ID: D325068 Date of Disbursement																				
Mailing Address 2656 S. Scenic Hwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	1	0												
City Lake Wales State FL Zip Code 33898	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone Expense Candidate Name	<table border="1"> <tr> <td colspan="10">65.00</td> </tr> </table>	65.00																			
65.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Neil Potter	Transaction ID: D343616 Date of Disbursement																				
Mailing Address 1618 N. Humboldt Blvd. #2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Chicago State IL Zip Code 60647	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Neil Potter	Transaction ID: D333039 Date of Disbursement																				
Mailing Address 1618 N. Humboldt Blvd. #2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Chicago State IL Zip Code 60647	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

215.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address P. B. Box 14416
Dept. 900City State Zip Code
Des Moines IA 50306-3416Purpose of Disbursement
Benefits

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329159

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

558.18

B.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address P. B. Box 14416
Dept. 900City State Zip Code
Des Moines IA 50306-3416Purpose of Disbursement
Benefits

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329172

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

349.66

C.

Full Name (Last, First, Middle Initial)

Margaret Ramirez

Mailing Address 13671 SW 38th Avenue Rd

City State Zip Code
Ocala FL 34473-2105Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

982.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Wilfredo Ramirez

Mailing Address 472 Wurst Rd

City
OcoeeState
FLZip Code
34761-1527Purpose of Disbursement
Per Diem

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	1	0

Amount of Each Disbursement this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Edith Renner

Mailing Address 2000 S. Southeastern, Apt 3

City
Sioux FallsState
SDZip Code
57103Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333038

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Edith Renner

Mailing Address 2000 S. Southeastern, Apt 3

City
Sioux FallsState
SDZip Code
57103Purpose of Disbursement
Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343615

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Amanda Reyes	Transaction ID: D333993 Date of Disbursement																				
Mailing Address 5317 Curre Ford Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32812	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
80.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D343592 Date of Disbursement																				
Mailing Address 225 SW 159th Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Fort Lauderdale State FL Zip Code 33326	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D332991 Date of Disbursement																				
Mailing Address 225 SW 159th Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Fort Lauderdale State FL Zip Code 33326	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Teresa Rios	Transaction ID: D334009 Date of Disbursement																				
Mailing Address 138 Coral Wood Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Kissimmee State FL Zip Code 34743	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dimas Rivera	Transaction ID: D333817 Date of Disbursement																				
Mailing Address 2641 Kinnon	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32817	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>	80.00																			
80.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Catalina Roasles	Transaction ID: D333997 Date of Disbursement																				
Mailing Address 7760 Fox Knoll Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Winter Park State FL Zip Code 32792	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Joshua Romero

Mailing Address 2302 Simpson Ridge Circle, Apt C

City Kissimmee State FL Zip Code 34744

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332994

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Diosvany Rosado

Mailing Address 5504 Bonelish St

City Orlando State FL Zip Code 32812

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333839

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Jean Roseme

Mailing Address 101 NE 31st Street

City Pompano Beach State FL Zip Code 33064

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332997

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Jean Roseme	Transaction ID: D343595 Date of Disbursement																				
Mailing Address 101 NE 31st Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Pompano Beach State FL Zip Code 33064	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Royal Performance Group	Transaction ID: D331081 Date of Disbursement																				
Mailing Address 2100 Western Ave Ste 80	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Lisle State IL Zip Code 60532-1971	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">1001.50</td> </tr> </table>	1001.50																			
1001.50																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Helen Salazar	Transaction ID: D334003 Date of Disbursement																				
Mailing Address 576 Royal Palm Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Kissimmee State FL Zip Code 34741	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1236.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) John Salazar	Transaction ID: D334004 Date of Disbursement
Mailing Address 576 Royal Palm Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Kissimmee State FL Zip Code 34743 Purpose of Disbursement Per Diem Candidate Name	Amount of Each Disbursement this Period <div>80.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Audeliz Sanchez	Transaction ID: D333994 Date of Disbursement
Mailing Address 3104 Orchard Place	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Kissimmee State FL Zip Code 34743 Purpose of Disbursement Per Diem Candidate Name	Amount of Each Disbursement this Period <div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Marian Sanders	Transaction ID: D329168 Date of Disbursement
Mailing Address 3755 Dairy Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 5 / 2 0 1 0</div> </div>
City Titusville State FL Zip Code 32796 Purpose of Disbursement Admin Lease/Rent Candidate Name	Amount of Each Disbursement this Period <div>460.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

740.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Yasmin Santiago	Transaction ID: D333824 Date of Disbursement																				
Mailing Address 2912 Stallion Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32822-3827	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D333002 Date of Disbursement																				
Mailing Address 635 Stillview Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Philip Shaw	Transaction ID: D333010 Date of Disbursement																				
Mailing Address 24 Coventry Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
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1	0		0	8		2	0	1	0												
City Kissimmee State FL Zip Code 34758	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Phillip Shaw	Transaction ID: D343606 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Vito D Sheeley	Transaction ID: D333000 Date of Disbursement																				
Mailing Address 2111 Almeria Way South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Saint Petersburg State FL Zip Code 33712	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Dana Singer	Transaction ID: D333014 Date of Disbursement																				
Mailing Address 11712 Starfish Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Jacksonville State FL Zip Code 32246	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Dana Singer	Transaction ID: D343610 Date of Disbursement																				
Mailing Address 11712 Starfish Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Jacksonville State FL Zip Code 32246	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto travel	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SKD Knickerbocker	Transaction ID: D328874 Date of Disbursement																				
Mailing Address 1818 N Street, NW Suite 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Media	<table border="1"> <tr> <td colspan="10">39921.80</td> </tr> </table>	39921.80																			
39921.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SKD Knickerbocker	Transaction ID: D331139 Date of Disbursement																				
Mailing Address 1818 N Street, NW Suite 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail	<table border="1"> <tr> <td colspan="10">21755.74</td> </tr> </table>	21755.74																			
21755.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

61802.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jacob Smith

Mailing Address 2121 Intracoastal Drive

City State Zip Code
Fort Lauderdale FL 33305

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332990

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way, #8107

City State Zip Code
Tallahassee FL 32811

Purpose of Disbursement
Travel/Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D330011

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

SpringHill Suites - Marriot

Mailing Address 4835 W. Cypress Street

City State Zip Code
Tampa FL 33607

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334322

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

103.04

SUBTOTAL of Disbursements This Page (optional)

1678.04

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
State of Florida Disbursement Unit

Mailing Address PO Box 8500

City Tallahassee State FL Zip Code 32314-8500

Purpose of Disbursement

Payroll Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331114

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Amount of Each Disbursement this Period

252.73

B. Full Name (Last, First, Middle Initial)
Matthew SusiMailing Address 10260 Dylan St
Apt 521

City Orlando State FL Zip Code 32825-4817

Purpose of Disbursement

Per Diem

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333814

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Amount of Each Disbursement this Period

120.00

C. Full Name (Last, First, Middle Initial)
Omar Syed

Mailing Address 13538 Lake Maydalene Drive

City Tampa State FL Zip Code 33613

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343577

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

447.73

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D332975 Date of Disbursement 10 / 08 / 2010
	Mailing Address 13538 Lake Maydalene Drive	
	City Tampa State FL Zip Code 33613	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Auto Travel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Joseph Szerejko	Transaction ID: D332996 Date of Disbursement 10 / 08 / 2010
	Mailing Address 15 Thicket Lane	
	City West Hartford State CT Zip Code 06107	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Auto Travel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ashley Thomas	Transaction ID: D333040 Date of Disbursement 10 / 08 / 2010
	Mailing Address 1690 Dunn Ave, Apt 806	
	City Daytona Beach State FL Zip Code 32114	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Auto Travel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Ashley Thomas	Transaction ID: D343611 Date of Disbursement
Mailing Address 1690 Dunn Ave, Apt 806	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 8 / 2 0 1 0</div> </div>
<div> <div>City State Zip Code</div> <div>Daytona Beach FL 32114</div> </div> <div> <div>Purpose of Disbursement</div> <div>auto travel</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>75.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
B. Full Name (Last, First, Middle Initial) Vangie Torres	Transaction ID: D333820 Date of Disbursement
Mailing Address 222 Tennessee Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
<div> <div>City State Zip Code</div> <div>Saint Cloud FL 34769-2174</div> </div> <div> <div>Purpose of Disbursement</div> <div>Per Diem</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>40.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
C. Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D332003 Date of Disbursement
Mailing Address 11336 Bridge House Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 1 0</div> </div>
<div> <div>City State Zip Code</div> <div>Windermere FL 34786</div> </div> <div> <div>Purpose of Disbursement</div> <div>Auto Travel</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>50.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	

SUBTOTAL of Disbursements This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Adam Unger

Mailing Address 2309 Old Bainbridge Rd
101 C

City Tallahassee State FL Zip Code 32303-3805

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332981

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Adam Unger

Mailing Address 2309 Old Bainbridge Rd
101 C

City Tallahassee State FL Zip Code 32303-3805

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343583

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Janet Velazquez

Mailing Address 2427 Academy Cir E
Apt E-104

City Kissimmee State FL Zip Code 34744-8505

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333815

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Misael Velez	Transaction ID: D333818 Date of Disbursement
Mailing Address 955 Solandra Drive	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32807	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem	<div>120.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ashley Walker	Transaction ID: D329163 Date of Disbursement
Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	<div> <div>10</div> <div>04</div> <div>2010</div> </div>
City Ft. Lauderdale State FL Zip Code 33304	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies	<div>2046.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jennifer Whitcomb	Transaction ID: D332985 Date of Disbursement
Mailing Address 710 13th Avenue South	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Jacksonville Beach State FL Zip Code 32250	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>100.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2266.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Jennifer Whitcomb	Transaction ID: D343587 Date of Disbursement
Mailing Address 710 13th Avenue South	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Jacksonville Beach State FL Zip Code 32250	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>100.00</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WRI-TC	Transaction ID: D329167 Date of Disbursement
Mailing Address 2720 East Colonial Drive	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32803	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Lease/Rent	<div>1076.67</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Christopher Turner	Transaction ID: D329174 Date of Disbursement
Mailing Address 2500 Merchants Row Blvd Apt 64	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32311-3658	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div>51.73</div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1228.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hardee's Corporation

Mailing Address 9210 Baymeadows Rd.

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement
Breakfast Meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329175

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

51.73

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329177

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

C.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329178

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

60.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Kevin Chambliss

Transaction ID: D329179

Date of Disbursement

10 / 01 / 2010

Mailing Address 746 N Annie Glidden Rd
Apt 404

City Dekalb State IL Zip Code 60115-2130

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Transaction ID: D329180

Date of Disbursement

10 / 01 / 2010

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

John Estes

Transaction ID: D329181

Date of Disbursement

10 / 01 / 2010

Mailing Address 9884 SW 26th Ter

City Miami State FL Zip Code 33165-2627

Amount of Each Disbursement this Period

121.73

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

271.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Roque Coral Way</p> <p>Mailing Address SW 93rd Street</p> <p>City Miami State FL Zip Code 33137</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329182</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 121.73</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sabrina Diz</p> <p>Mailing Address 7180 Park St</p> <p>City Hollywood State FL Zip Code 33024-3838</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329183</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 305.02</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329185</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 264.52</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

305.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St.

City Tallahassee State FL Zip Code 32399

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329184

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

40.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Gaston Araoz

Mailing Address 1505 Crystal Dr
Apt 504

City Arlington State VA Zip Code 22202-4117

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329186

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

83.31

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329188

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

83.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City
Houston

State
TX

Zip Code
77252

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329187

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

81.06

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Christopher Turner

Mailing Address 2500 Merchants Row Blvd
Apt 64

City
Tallahassee

State
FL

Zip Code
32311-3658

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329189

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

185.00

C.

Full Name (Last, First, Middle Initial)

Kangaroo express

Mailing Address 861 E State Road 44

City
Wildwood

State
FL

Zip Code
34785-8406

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329190

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P.O. Box 660108

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329191

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

110.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code
Tallahassee FL 32317

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329192

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

128.38

C.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City State Zip Code
Tallahassee FL 32317

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329193

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

128.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

128.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Ray Charles Jones	Transaction ID: D329194 Date of Disbursement																				
Mailing Address 2121 W. Tennessee St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32304	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">17.18</td> </tr> </table>	17.18																			
17.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ray Charles Jones	Transaction ID: D329195 Date of Disbursement																				
Mailing Address 2121 W. Tennessee St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32304	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">17.18</td> </tr> </table>	17.18																			
17.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Emily McIlveene	Transaction ID: D329196 Date of Disbursement																				
Mailing Address 2772 SW 137th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Miami State FL Zip Code 33175-6638	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">168.18</td> </tr> </table>	168.18																			
168.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

185.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329197

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329198

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

166.18

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Justin Shoham

Mailing Address 28 Lark PI

City Old Bridge State NJ Zip Code 08857-3062

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329199

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

229.40

SUBTOTAL of Disbursements This Page (optional)

229.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citgo - Corporate</p> <p>Mailing Address 1293 Eldridge Pkwy</p> <p>City Houston State TX Zip Code 77077-1670</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329200</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 229.40</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Andrea D Huerfano</p> <p>Mailing Address 2949 Riverside Drivr, Apt 227</p> <p>City Pompano Beach State FL Zip Code 33065</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329201</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 189.70</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 501 El Camino Real</p> <p>City San Ramon State CA Zip Code 94030</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329202</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 151.70</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

189.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St.</p> <p>City Tallahassee State FL Zip Code 32399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329203</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 38.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hector Martinez</p> <p>Mailing Address 11100 SW 46th St</p> <p>City Miami State FL Zip Code 33165-4735</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329204</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 158.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mobil Gas</p> <p>Mailing Address 4705 W Lake Mary Blvd</p> <p>City Lake Mary State FL Zip Code 32746-4305</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329205</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 158.50</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

158.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D329206 Date of Disbursement
Mailing Address 322 E Mayfield Blvd	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City San Antonio State TX Zip Code 78214-2448	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>182.05</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Chevron	Transaction ID: D329207 Date of Disbursement
Mailing Address 501 El Camino Real	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City San Ramon State CA Zip Code 94030	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>182.05</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Edgar Mendez	Transaction ID: D329208 Date of Disbursement
Mailing Address 14936 SW 15th Ln	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Miami State FL Zip Code 33194	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>100.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

282.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 37380	Transaction ID: D329209 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Albuquerque State NM Zip Code 87176-7380 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>100.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329210 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>311.66</div>
C. Full Name (Last, First, Middle Initial) Citgo - Corporate Mailing Address 1293 Eldridge Pkwy City Houston State TX Zip Code 77077-1670 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329211 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>184.66</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

311.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D329212 Date of Disbursement
Mailing Address 6450 Sprint Parkway	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Overland Park State KS Zip Code 66251	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D329213 Date of Disbursement
Mailing Address 605 Suwannee St.	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32399	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>27.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: D329214 Date of Disbursement
Mailing Address 12514 Wandering Brook Dr	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28273-6974	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div>86.06</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

86.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329217

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329216

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

84.06

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 11121 N Kendall Dr
Apt A104

City Miami State FL Zip Code 33176-0905

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329218

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

319.68

SUBTOTAL of Disbursements This Page (optional)

319.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City
Houston

State
TX

Zip Code
77252

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329219

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

247.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St.

City
Tallahassee

State
FL

Zip Code
32399

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329220

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

72.65

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Lucas P Barks

Mailing Address 71 Gray Road

City
Gorham

State
ME

Zip Code
04038

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329222

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

198.66

SUBTOTAL of Disbursements This Page (optional)

198.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

RaceTrac Petroleum Incorporated

Mailing Address 3535 W Silver Springs Blvd

City Ocala State FL Zip Code 34475-5641

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329223

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.66

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St.

City Tallahassee State FL Zip Code 32399

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329224

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Matthew Coppens

Mailing Address 2830 4th St. NW

City Naples State FL Zip Code 34120

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329225

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

510.02

SUBTOTAL of Disbursements This Page (optional)

510.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address PO Box 538695

City
Atlanta

State
GA

Zip Code
30353-8695

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329227

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

80.12

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City
San Ramon

State
CA

Zip Code
94030

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329226

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

429.90

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nicholas Pellito

Mailing Address 445 Appleyard Drive
 #A2-5

City
Tallahassee

State
FL

Zip Code
32304

Purpose of Disbursement
Staff Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329229

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

578.38

SUBTOTAL of Disbursements This Page (optional)

578.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

The Westin Diplomat Resort & Spa

Mailing Address 3555 South Ocean Drive

City
Hollywood

State
FL

Zip Code
33019-2827

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329231

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

422.92

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

WalMart Stores, Inc.

Mailing Address 702 SW 8th St

City
Bentonville

State
AR

Zip Code
72716-6209

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329232

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

155.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way, #8107

City
Tallahassee

State
FL

Zip Code
32811

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329834

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

296.87

SUBTOTAL of Disbursements This Page (optional)

296.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329841

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

41.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329837

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

255.17

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Eric Jotkoff

Mailing Address 3607 Eagle Nest Court

City Melbourne State FL Zip Code 32904

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329843

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

673.42

SUBTOTAL of Disbursements This Page (optional)

673.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Eric Jotkoff	Transaction ID: D329844 Date of Disbursement
Mailing Address 3607 Eagle Nest Court	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Melbourne State FL Zip Code 32904	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel	<div>255.36</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Orbitz	Transaction ID: D329846 Date of Disbursement
Mailing Address 200 S. Wacker Drive	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period
Purpose of Disbursement Air Travel	<div>290.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D329845 Date of Disbursement
Mailing Address 3555 South Ocean Drive	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
Purpose of Disbursement Travel/Lodging	<div>127.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Stephen Carville

Mailing Address 2401 W. Morrison Ave., Apt 212
6610 Burden Ln

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329848

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

67.39

B.

Full Name (Last, First, Middle Initial)

Stephen Carville

Mailing Address 2401 W. Morrison Ave., Apt 212
6610 Burden Ln

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329849

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

67.39

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Connor Davis

Mailing Address 316 8th St. South
Ste. 701

City St. Petersburg State FL Zip Code 33701

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329850

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

40.41

SUBTOTAL of Disbursements This Page (optional)

107.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City
Tampa

State
FL

Zip Code
33619-8301

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329852

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

6.41

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address Accounting Service Center
2825 Lone Oak Pkwy. (3rd Floor SS)

City
Saint Paul

State
MN

Zip Code
55121-9610

Purpose of Disbursement
Admin Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329851

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David Browne

Mailing Address 417 S. Paloma Place

City
Tampa

State
FL

Zip Code
33609

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329853

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

SUBTOTAL of Disbursements This Page (optional)

13.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address Accounting Service Center
2825 Lone Oak Pkwy. (3rd Floor SS)

City Saint Paul State MN Zip Code 55121-9610

Purpose of Disbursement

Admin Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329854

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mike Stroyan

Mailing Address 7941 Georgian Bay Circle

City Fort Myers State FL Zip Code 33912

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329855

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

61.84

C.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City Tampa State FL Zip Code 33619-8301

Purpose of Disbursement

Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329856

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

61.84

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

61.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Steven Phillips-Horst	Transaction ID: D329857 Date of Disbursement																				
Mailing Address 289 Harman Street, #2L	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Brooklyn State NY Zip Code 11237	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement	<table border="1"> <tr> <td>32.65</td> </tr> </table>	32.65																			
32.65																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Apple, Inc.	Transaction ID: D329858 Date of Disbursement																				
Mailing Address 1 Infinite Loop	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Cupertino State CA Zip Code 95014	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Office Supplies	<table border="1"> <tr> <td>32.65</td> </tr> </table>	32.65																			
32.65																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ms. Christina Boltin	Transaction ID: D329860 Date of Disbursement																				
Mailing Address P. O. Box 10302	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Tallahassee State FL Zip Code 32302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Staff Reimbursement	<table border="1"> <tr> <td>474.45</td> </tr> </table>	474.45																			
474.45																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

507.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Republic Parking

Mailing Address 999 E Adams Street

City Jacksonville State FL Zip Code 32202

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329862

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

124.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The Westin Diplomat Resort & Spa

Mailing Address 3555 South Ocean Drive

City Hollywood State FL Zip Code 33019-2827

Purpose of Disbursement

Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329861

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

350.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Anthony Nagatani

Mailing Address 1300 Elizabeth Ave #15

City Las Vegas State NV Zip Code 89119

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330042

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

SUBTOTAL of Disbursements This Page (optional)

148.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address PO Box 4607

City
Houston

State
TX

Zip Code
77210-4607

Purpose of Disbursement

Air Travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D330043

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Connor Davis

Mailing Address 316 8th St. South
Ste. 701

City

St. Petersburg

State
FL

Zip Code
33701

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D330044

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

C.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City

Tampa

State
FL

Zip Code
33619-8301

Purpose of Disbursement

Admin Office Supplies

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D330046

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

254.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Natalie Rojas	Transaction ID: D330049 Date of Disbursement
Mailing Address 1702 14th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 1 / 2 0 1 0</div> </div>
City Tampa State FL Zip Code 33605	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div>59.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: D330050 Date of Disbursement
Mailing Address 3200 Capital Cir NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 1 / 2 0 1 0</div> </div>
City Tallahassee State FL Zip Code 32308-3708	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies	<div>59.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Eric Jotkoff	Transaction ID: D330051 Date of Disbursement
Mailing Address 3607 Eagle Nest Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 1 / 2 0 1 0</div> </div>
City Melbourne State FL Zip Code 32904	Amount of Each Disbursement this Period
Purpose of Disbursement Staff Reimbursement	<div>2809.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2868.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D330052 Date of Disbursement																				
Mailing Address PO Box 538695	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Cell Phone Candidate Name	<table border="1"> <tr> <td colspan="10">2632.20</td> </tr> </table>	2632.20																			
2632.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D330054 Date of Disbursement																				
Mailing Address PO Box 633211	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">113.23</td> </tr> </table>	113.23																			
113.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Virgin Mobile	Transaction ID: D330053 Date of Disbursement																				
Mailing Address 100 E MAGNOLIA DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Cell Phone Candidate Name	<table border="1"> <tr> <td colspan="10">63.60</td> </tr> </table>	63.60																			
63.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way, #8107

City Tallahassee State FL Zip Code 32811

Purpose of Disbursement
Staff Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331090

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

330.91

B.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331092

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

32.45

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Murphy USA

Mailing Address 4712 Colonial Blvd.

City Ft. Myers State FL Zip Code 33912

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331091

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

298.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

330.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Edith Robles	Transaction ID: D331093 Date of Disbursement
Mailing Address 305 Bullard Street	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Fairfield State CT Zip Code 06825	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>87.70</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Spirit Airlines	Transaction ID: D331094 Date of Disbursement
Mailing Address 2800 Executive Way	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Miramar State FL Zip Code 33025-6542	Amount of Each Disbursement this Period
Purpose of Disbursement Air Travel Candidate Name	<div>87.70</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeffrey E Branch	Transaction ID: D331095 Date of Disbursement
Mailing Address 3700 Capital Circle SE Apt 520	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32311	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>155.46</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

243.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Jeffrey E Branch	Transaction ID: D331096 Date of Disbursement																				
Mailing Address 3700 Capital Circle SE Apt 520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32311	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">147.96</td> </tr> </table>	147.96																			
147.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D331097 Date of Disbursement																				
Mailing Address 605 Suwannee St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32399	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">7.50</td> </tr> </table>	7.50																			
7.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D331099 Date of Disbursement																				
Mailing Address 11336 Bridge House Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Windermere State FL Zip Code 34786	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement	<table border="1"> <tr> <td colspan="10">109.63</td> </tr> </table>	109.63																			
109.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

109.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

T-Mobile

Mailing Address PO Box 37380

City Albuquerque State NM Zip Code 87176-7380

Purpose of Disbursement

Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331103

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

95.56

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

WalMart Stores, Inc.

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

Purpose of Disbursement

Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331104

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

14.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Christopher Turner

Mailing Address 2500 Merchants Row Blvd
Apt 64

City Tallahassee State FL Zip Code 32311-3658

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331128

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

62.56

SUBTOTAL of Disbursements This Page (optional)

62.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.	Transaction ID: D331130 Date of Disbursement
Mailing Address PO Box 407	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Lakeland State FL Zip Code 33802-0407	Amount of Each Disbursement this Period
Purpose of Disbursement Lunch Meeting	<div> <div></div> <div>62.56</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>
B. Full Name (Last, First, Middle Initial) Mikeal Parlow	Transaction ID: D331140 Date of Disbursement
Mailing Address 615 Mt Olympus Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City New Smyrna Beach State FL Zip Code 32168	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div> <div></div> <div>120.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D331141 Date of Disbursement
Mailing Address P.O. Box 660108	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone	<div> <div></div> <div>120.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jordan J Budd

Mailing Address 128 Century Dr

City Easley State SC Zip Code 29642

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331142

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

111.56

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address PO Box 538695

City Atlanta State GA Zip Code 30353-8695

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331143

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

111.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

111.56

TOTAL This Period (last page this line number only)

330642.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 / 125

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida Department of State

Mailing Address 500 S. Bronough St. R.A. Gray Bldg

City State Zip Code
Tallahassee FL 32399-0250Purpose of Disbursement
Voter File

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329153

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Sophia Nelson

Mailing Address 5883 Caribbean Blvd
Apt. 33407City State Zip Code
West Palm Beach FL 33407Purpose of Disbursement
Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326040

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Amount of Each Disbursement this Period

1192.25

C.

Full Name (Last, First, Middle Initial)

Planning Works

Mailing Address 913 Prospect Ct. S.

City State Zip Code
Saint Petersburg FL 33701Purpose of Disbursement
Direct Mail

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326050

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Amount of Each Disbursement this Period

19320.00

SUBTOTAL of Disbursements This Page (optional) ►

20522.25

TOTAL This Period (last page this line number only) ►

20522.25

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 112 / 125

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Production Resource Group

Nature of Debt (Purpose):
Audio Visual/Conference

Mailing Address 1902 Cypress Lake Dr

City	State	ZIP Code
Orlando	FL	32837-8458

Outstanding Balance Beginning This Period

18541.50

Transaction ID: D119404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18541.50

2) **TOTALS** This Period (last page this line number only)..... ▶

18541.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18541.50

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 113 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
101 Rest and Mint Lounge

Mailing Address

215 W College Avenue

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:
Dinner MeetingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329920

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.34

38.88

49.22

B. Full Name (Last, First, Middle Initial)
Anagram Corporation

Mailing Address

310 W Jefferson St

City	State	Zip Code
Tallahassee	FL	32301-1419

Purpose of Disbursement:
Admin Lease/RentCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329140

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

801.41

3014.84

3816.25

C. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida

Mailing Address

P.O. Box 2210

City	State	Zip Code
Jacksonville	FL	32232-5005

Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329146

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1285.46

4835.80

6121.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2097.21

7889.52

9986.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 114 / 125
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
 Blue State Digital, LLC

Mailing Address

734 15th Street, NW, Suite 1200

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement:
 Admin Internet

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329157

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

309.17

1163.08

1472.25

B. Full Name (Last, First, Middle Initial)
 Century Link

Mailing Address

P.O. Box 96064

City	State	Zip Code
Charlotte	NC	28296

Purpose of Disbursement:
 Admin Telephone

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329145

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

125.42

471.83

597.25

C. Full Name (Last, First, Middle Initial)
 Everest National Insurance Company

Mailing Address

P.O. Box 917807

City	State	Zip Code
Orlando	FL	32891-7807

Purpose of Disbursement:
 Benefits

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328834

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

21.72

81.70

103.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

456.31

1716.61

2172.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 115 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Figgers Computers, Inc

Mailing Address

P.O. Box 14987

City	State	Zip Code
Tallahassee	FL	32314

Purpose of Disbursement:
Consulting/IT

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	7

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329152

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20.17

75.88

96.05

B. Full Name (Last, First, Middle Initial)
Florida Labor Law Poster Service

Mailing Address

5859 W. Saginaw Hwy. #343

City	State	Zip Code
Lansing	MI	48917

Purpose of Disbursement:
Admin Office Supplies

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329155

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

12.02

45.23

57.25

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328830

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.28

8.58

10.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

34.47

129.69

164.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 116 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D328831

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.28		8.58		10.86

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D328832

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.28		8.58		10.86

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D329913

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
329.15		1238.23		1567.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
333.71		1255.39		1589.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 117 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D328833

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.28

8.58

10.86

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: D331190

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.49

5.61

7.10

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: D331132

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.67

6.27

7.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

5.44

20.46

25.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 118 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: D331133

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.67		6.27		7.94

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W. 56th St., Suite 1601

City	State	Zip Code
NY	NY	10019

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: D331135

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.67		6.27		7.94

C. Full Name (Last, First, Middle Initial)
Intuit Software

Mailing Address

2632 Marine Way

City	State	Zip Code
Mountain View	CA	94043-1126

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: D329919

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.34		110.38		139.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.68		122.92		155.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 119 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Luke Kosar

Mailing Address

219 W Orlando Street

 City State Zip Code
Orlando FL 32807

 Purpose of Disbursement:
Travel/Lodging
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: D329859

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

B. Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address

1225 Eye Street NW Suite 1225

 City State Zip Code
Washington DC 20005-3521

 Purpose of Disbursement:
Software/Compliance
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: D331115

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

C. Full Name (Last, First, Middle Initial)
One Source Supply Center

Mailing Address

5855 Green Valley Circle #206

 City State Zip Code
Culver City CA 90230

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: D329139

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
363.26		1366.57		1729.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
783.26		2946.57		3729.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 120 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Drive

 City State Zip Code
Tallahassee FL 32310-4603

 Purpose of Disbursement:
Janitorial Service
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: D329150

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

B. Full Name (Last, First, Middle Initial)
PAi

Mailing Address

P. O. Box 60

 City State Zip Code
DePere WI 54115-0060

 Purpose of Disbursement:
Benefits
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: D329915

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

C. Full Name (Last, First, Middle Initial)
Principal Financial Group

Mailing Address

P. B. Box 14416 Dept. 900

 City State Zip Code
Des Moines IA 50306-3416

 Purpose of Disbursement:
Benefits
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

 Date M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: D329142

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.98		394.92		499.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
258.91		973.99		1232.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 121 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Service Office Supply

Mailing Address

PO Box 15038

City	State	Zip Code
Tallahassee	FL	32317-5038

Purpose of Disbursement:
Admin Office Supplies

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329144

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
156.06		587.06		743.12

B. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address

PO Box 37380

City	State	Zip Code
Albuquerque	NM	87176-7380

Purpose of Disbursement:
Admin Cell Phone

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
0	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329147

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.48		92.10		116.58

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster - Tampa

Mailing Address

5433 W. Sligh Avenue Bldg. A, Suite A

City	State	Zip Code
Tampa	FL	33634

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M
1	0

 /

D	D
1	3

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331192

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1089.26		4097.68		5186.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1269.80		4776.84		6046.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 122 / 125

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

U.S. Postmaster - Tampa

Mailing Address

5433 W. Sligh Avenue Bldg. A, Suite A

City State Zip Code

Tampa FL 33634

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: D329141

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

696.23

2619.13

3315.36

B. Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address

Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)

City State Zip Code

Saint Paul MN 55121-9610

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D329916

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.65

13.75

17.40

C. Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address

Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)

City State Zip Code

Saint Paul MN 55121-9610

Purpose of Disbursement:
Admin ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D329917

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.65

13.75

17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

703.53

2646.63

3350.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 123 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)

City State Zip Code
Saint Paul MN 55121-9610

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: D329918

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 3.65		<input type="text"/> 13.75		<input type="text"/> 17.40

B. Full Name (Last, First, Middle Initial)
UPS

Mailing Address

PO Box 7247-0244

City State Zip Code
Philadelphia PA 19170-0001

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: D329143

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 13.12		<input type="text"/> 49.37		<input type="text"/> 62.49

C. Full Name (Last, First, Middle Initial)
Scott Arceneaux

Mailing Address

1544 Lorimier Road

City State Zip Code
Jacksonville FL 32207

Purpose of Disbursement:
Staff Reimbursement

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Date M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: D331119

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 50.50		<input type="text"/> 189.98		<input type="text"/> 240.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 67.27		<input type="text"/> 253.10		<input type="text"/> 320.37

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 124 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Scott Arceneaux

Mailing Address

1544 Lorimier Road

City

State

Zip Code

Jacksonville

FL

32207

Purpose of Disbursement:
Auto Travel

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

981240.83

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date / /

Transaction ID: D331120

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

50.50

189.98

240.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

6042.59

22731.72

28774.31

SCHEDULE L (FEC Form 3X)

125 / 125

AGGREGATION PAGE: LEVIN FUNDSTransaction ID: **SchedL1**

NAME OF COMMITTEE (In Full)
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT
NF expenses

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	6437.91	6437.91
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	6437.91	6437.91
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	6437.91	6437.91